

Application Data Sheet**Application Information**

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|----------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | <u>TIME-MEASUREMENT SECURED</u> <u>TRANSACTIONAL ELECTRONIC ENTITY</u> |
| Attorney Docket Number:: | 0579-1069 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 1 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent | No |
| Appl.?:: | |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: SUREAUD
Name Suffix::
City of Residence:: SAINT LAURENT DU VAR
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 3646, ROUTE DE ST. JEANNET
Address:: CD 118
City of Mailing Address:: SAINT LAURENT DU VAR
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06700

Correspondence Information

Correspondence Customer
Number::

000466

Representative Information

| | |
|-------------------------------------|--------|
| Representative Customer Number:: | 000466 |
|-------------------------------------|--------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of | PCT/FR03/00923 | 3/24/03 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE | 02/03916 | 3/28/02 | Yes |
| FRANCE | 02/06514 | 5/28/02 | Yes |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::